## BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS Commissioner Edmund Malleren

Name of Elected Official: Commissioner Edmund Malkoon  Calendar year covered by disclosure form: 2018		
Name of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box	Direct employer contributions to retirement
malkoon Rentestate	☐ Under \$1,000 ☐ \$1,000 - \$5,000 ☐ \$5,001 - \$10,000 ☐ \$10,001 - \$25,000 ☐ \$25,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ Over \$100,000 ☐ Exact Amount	Did you receive any direct employer contribution to retirement from this employer during the reporting period?  Yes No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column?  Yes No
Shot Technology	☐ Under \$1,000 ☐ \$1,000 - \$5,000 ☐ \$5,001 - \$10,000 ☐ \$10,001 - \$25,000 ☐ \$25,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ Over \$100,000 ☐ Exact Amount	Did you receive any direct employer contribution to retirement from this employer during the reporting period?  Yes No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column?  Yes No
	☐ Under \$1,000 ☐ \$1,000 - \$5,000 ☐ \$5,001 - \$10,000 ☐ \$10,001 - \$25,000 ☐ \$25,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ Over \$100,000 ☐ Exact Amount	Did you receive any direct employer contribution to retirement from this employer during the reporting period?  Yes No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column?  Yes No
Signature of Elected Official:	- mp	Date: / 1,2019
this form amends a previously filled t	form, please check this box	, , ,